



Emergency Medical Services Administrator Association of California 2017 Legislative Platform

Alameda
Central California
Coastal Valleys
Contra Costa
El Dorado
Imperial
Inland Counties
Kern
Los Angeles
Marin
Merced
Monterey
Mountain-Valley
Napa
North Coast
Northern California
Orange
Riverside
Sacramento
San Benito
San Diego
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Sierra-Sac Valley
Solano
Tuolumne
Ventura
Yolo

January 1, 2017

The Emergency Medical Services Administrators Association (EMSAAC) is pleased to provide you with EMSAAC’s Legislative Platform for the 2017 Legislative Session. EMSAAC is led by 33 local emergency medical services (EMS) agency administrators representing all of California’s 58 counties. California’s counties, through their local EMS agencies, are responsible for planning, monitoring and evaluating EMS systems throughout the state to ensure that critically ill and injured persons receive prompt and competent emergency medical care. EMSAAC is acutely aware of the dire financial circumstances facing the State of California and has tailored this platform to fit those circumstances.

EMSAAC’s top legislative priority is to ensure the continuation of County authority for planning, implementing and evaluating local EMS systems. In 1980, the Legislature enacted the EMS Act, which empowers counties to establish local EMS agencies (LEMSAs) to develop and implement EMS systems. (Health & Safety Code, § 1797.200.) The formation of LEMSAs was and continues to be needed to oversee the varying special interests of both public and private providers, hospitals, and tertiary resources to ensure a coordinated systems approach to the delivery of emergency medical services for the people of California in their most vulnerable moments. As specified in the EMS Act, LEMSAs are empowered to create an EMS system to provide for a “specially organized arrangement” involving “personnel, facilities, and equipment for the effective and coordinated delivery” of EMS in “emergency conditions.” (*Id.*, § 1797.78.)

EMSAAC Supports:

- Legislation and regulatory measures that maintain or strengthen the authority and governing role of Counties and their LEMSAs to plan, implement, and evaluate all aspects and components of the EMS system.
- Measures that enhance the ability of the LEMSA medical director to assure medical control of the EMS system.
- Measures that improve the quality and delivery of EMS and prehospital patient care.
- Measures that protect the confidentiality of the quality improvement process and promote information sharing between providers, hospitals, and LEMSAs.
- Measures that encourage the participation of EMS system providers and hospitals in evidenced-based research.
- The continued state general fund budget support for multi-county regional EMS agencies.
- Measures that provide for adequate and stable funding for LEMSAs and EMS systems components including but not limited to: EMS administration, trauma systems, specialty centers (e.g. trauma, pediatric, cardiac, stroke), ambulance transport, and uncompensated care by emergency department physicians and on call specialists.

EMSAAC Opposes:

- Legislation and regulatory measures that weaken the authority and governing role of Counties and their LEMSAs to plan, implement, and evaluate all aspects and components of the EMS system.
- Measures that prevent or weaken the ability of the LEMSA medical director to assure medical control of the EMS system.
- Measures that would result in fragmentation of EMS systems and the delivery of prehospital emergency medical care.
- Measures that would allow cities and special districts to provide EMS independent of County/LEMSA administration and medical direction.

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